

SA# _____

CITY of GLEN COVE WATERFRONT REVITALIZATION PROJECT

NOTIFICATION OF PROPOSED SITE ACTIVITY

(Submit via e-mail to Anne Lamorte, Alamorte@glencovecda.org)

SECTION A:

Site(s) Requiring Access:

☐ Captains Cove Site ☐ Li Tungsten Site ☐ Doxey Site ☐ Gladsky Site ☐ Ferry Terminal

Requester: _____ Date: _____

Anticipated Work Date(s): _____ To _____ Telephone: _____

Description of Work Requested: *(Include reference to Work Plan, agency approval date and a description of any proposed deviations from the approved plan, if appropriate)*

[illegible]

SECTION B:

Please provide the following information as applicable and in conformance with the respective Site Management Plan (SMP) requirements.

Description of environmental monitoring to be conducted: *(Include reference to HASP & CAMP and documentation of agency approval if monitoring deviates from the plans)*

Is waste anticipated to be generated or disposed of off-site in association with the proposed work?

Yes ☐ No ☐

If yes, describe how all waste streams will be managed including off-site disposal: *(If waste is to be disposed of offsite please provide documentation of agency approval and date)*

Are any fill materials anticipated to be reused at or imported to the Site in association with the proposed work?

Yes ☐ No ☐

If yes, describe the proposed on-site fill material reuse procedures or proposed source of imported fill material including all chemical and gradation testing results and documentation of agency approval:

Are confirmation or documentation samples to be conducted in association with the proposed work?

Yes ☐ No ☐

If yes, describe the sample type, sampling frequency and analytical methods:



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OF SEC. 7209 OF THE N.Y.S. EDUCATION LAW

DRAWING PREPARED FOR:

REVISION	DATE	INITIAL	COMMENTS

DRAWING INFORMATION:

Project:	RG11404	Designed by:	AJR
Date:	7/17/2015	Drawn by:	JCGG
Scale:	AS SHOWN	Approved by:	DE

PROPOSED BACKFILL

GLEN ISLE

FIGURE NO:

2

SHEET:



-----City Use Only-----

Review Status: Approved ☒ Rejected ☐

Reviewed By: _____ **Date:** _____

Regulatory Agency Notification Date: (Minimum 10-days prior to anticipated work start date) _____

Work Start Date: _____ **Work Completion Date:** _____

Review Comments:

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